

ACCIDENT REPORT-HAZARDOUS LIQUID PIPELINE**Report Date****No. 7000-1
(DOT)****PART A-OPERATOR INFORMATION**

- 1) Name of operator _____
- 2) Principal business address _____

 _____ (city) _____ (state) _____ (zip code)
- 3) Is pipeline interstate? ☐ yes ☐ no

PART B-TIME AND LOCATION OF ACCIDENT

- 1) Date: (month) _____ (day) _____ (year) _____
- 2) Hour (24 hour clock) _____
- 3) If onshore give state (including Puerto Rico and Washington, D.C.),
 and county or city. _____
- 4) If offshore, give offshore coordinates _____
- 5) Did accident occur on Federal Land? ☐ yes ☐ no
 (See instruction for definition of Federal Land.)
- 6) Specific location (If location is near offshore platforms, buildings, or other landmarks, such as highways, waterways, or railroads, attach a sketch or drawing showing relationship of accident location to these landmarks.)

PART C-ORIGIN OF RELEASE OF LIQUID OR VAPOR.

- 1) Part of system involved: _____ (Check all applicable items)
☐ line pipe ☐ tank farm ☐ pump station
- 2) Item involved: ☐ pipe ☐ valve ☐ scraper trap ☐ pump
☐ welding fitting ☐ girth weld ☐ tank
☐ bolted fitting ☐ longitudinal weld
 Other (specify) _____
- 3) Year item installed _____

PART D-CAUSE OF ACCIDENT

- ☐ corrosion ☐ failed weld ☐ incorrect operation by operator personnel
- ☐ failed pipe ☐ outside force damage
- ☐ malfunction of control or relief equipment
- ☐ other (specify) _____

PART E-DEATH OR INJURY

- 1) Number of persons killed. _____
 _____ Operator employees _____ Non-employees
- 2) Number of persons injured. _____
 _____ Operator employees _____ Non-employees

PART F-ESTIMATED TOTAL PROPERTY DAMAGE

\$ _____

PART G-COMMODITY SPILLED

- 1) Name of commodity spilled: _____
- 2) Classification of commodity spilled: ☐ Petroleum Petroleum product ☐ HVL or ☐ Non-HVL
- 3) Estimated amount of commodity involved: _____ Barrels spilled _____ Barrels recovered
- 4) Was there an explosion? ☐ yes ☐ no
- 5) Was there a fire? ☐ yes ☐ no

INSTRUCTIONS: Answer sections H, I or J only if it applies to the particular accident being reported.

PART H-OCCURRED IN LINE PIPE

- 1) Nominal diameter (*inches*) _____ 2) Wall thickness (*inches*) _____
3) SMYS (*psi*) _____ 4) Type of joint: ☐ welded ☐ flanged ☐ threaded ☐ coupled ☐ other
5) Pipe was ☐ Below ground ☐ Above ground
6) Maximum operating pressure (*psig*) _____
7) Pressure at time and location of accident (*psig*) _____
8) Had there been a pressure test on system?
☐ yes ☐ no
9) Duration of test (*hrs*) _____
10) Maximum test pressure (*psig*) _____
11) Date of latest test _____

PART I-CAUSED BY CORROSION

- 1) Location of corrosion
☐ internal ☐ external
2) Facility coated?
☐ yes ☐ no
3) Facility under cathodic protection?
☐ yes ☐ no
4) Type of corrosion
☐ galvanic ☐ other (*specify*) _____

PART J-CAUSED BY OUTSIDE FORCE

- 1) ☐ Damage by operator or its contractor
☐ Damage by others
☐ Damage by natural forces
☐ Landslide
☐ Subsidence
☐ Washout
☐ Frostheave
☐ Earthquake
☐ Ship anchor
☐ Mudslide
☐ Fishing Operations
Other _____
2) Was a damage prevention program in effect?
☐ yes ☐ no
3) If yes, was the program
☐ "one-call" ☐ other _____
4) Did excavator call?
☐ yes ☐ no
5) Was pipeline location temporarily marked for the excavator?
☐ yes ☐ no

PART K-ACCOUNT OF ACCIDENT

NAME AND TITLE OF OPERATOR OFFICIAL FILING THIS REPORT.

Telephone no. (*Including area code*)

Date

